

## **An Intracranial Hemorrhage Wrapped in an Enigma**

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An 88-year-old man with Alzheimer's dementia who previously received a diagnosis of solitary Fuhrman grade 2 renal cell carcinoma<sup>1</sup> managed with active surveillance presented to the emergency department for progressive left-sided headache and difficulty recognizing numbers and letters. He and his family denied history of trauma, fall, or anticoagulant use. This occurred 1 week after presenting to the same emergency department with a headache and being discharged home after negative head computed tomography, 2 months after spontaneous subarachnoid hemorrhage involving the right central sulcus, and 11 months after transient ischemic attack symptoms with negative workup. Non-contrast head computed tomography revealed a new acute gyriform  $3.0 \times 2.0$  cm left parieto-occipital junction hemorrhage (Fig. 1). Subsequent brain magnetic resonance imaging with contrast revealed a  $1.4 \times 1.5$  cm left lateral occipital and  $0.7 \times 1.8$  cm left frontal operculum enhancements (Fig. 2). Radiation oncology was consulted regarding management of this patient.

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## **Reference**

1. Fuhrman SA, Lasky LC, Limas C. Prognostic significance of morphologic parameters in renal cell carcinoma. *Am J Surg Pathol* 1982;6:655-663.

## Figures

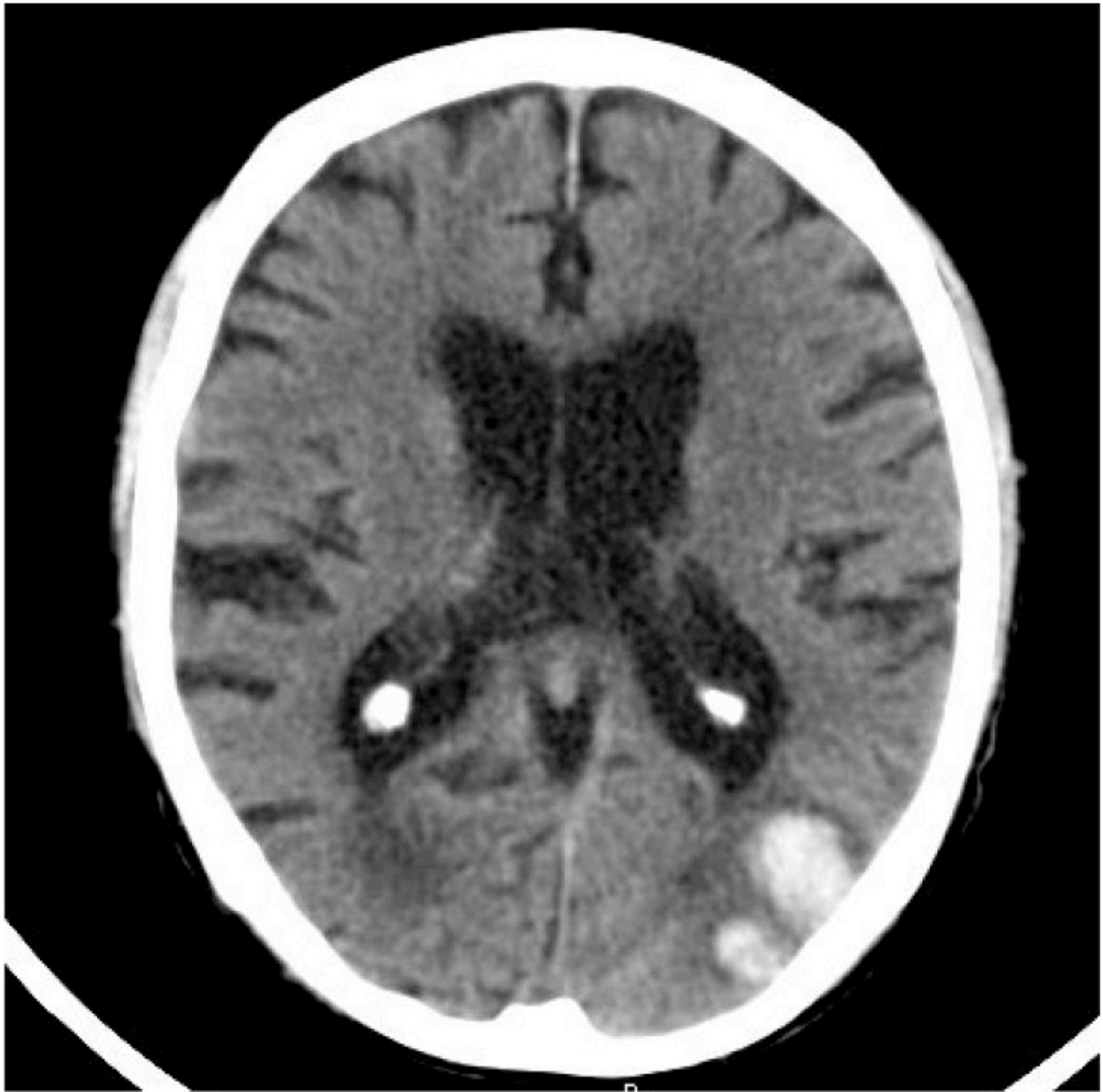


Fig. 1. Noncontrast axial computed tomography on initial presentation.

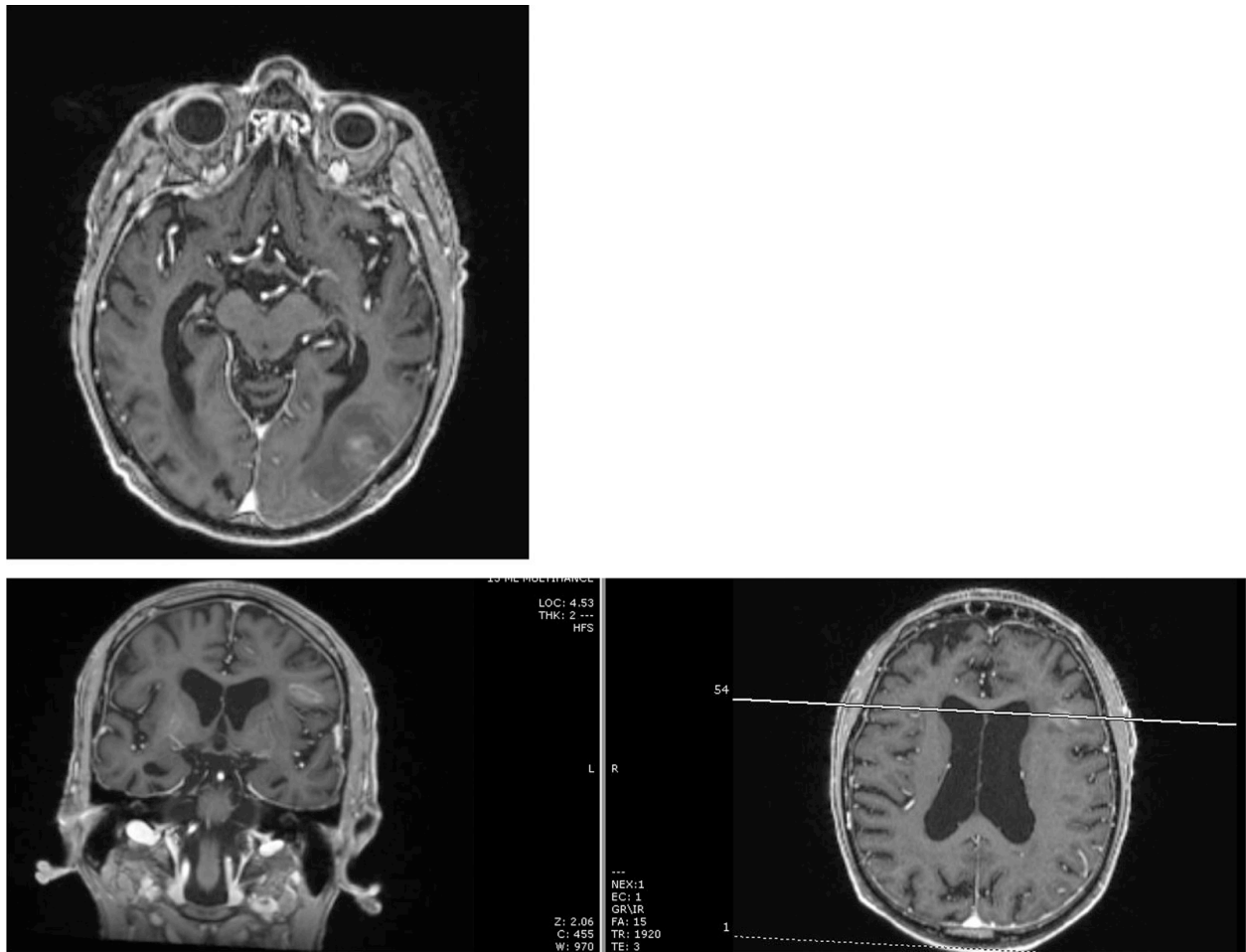


Fig. 2. Brain magnetic resonance imaging 48 hours after initial presentation.

## **Questions**

1. Would you offer radiation therapy to this patient without intracranial diagnosis by pathology?
2. If so, what modality, field, and dose approach would you employ?
3. Would you recommend additional systemic therapy?